

REDUCING UNINTENDED PREGNANCIES

Overview

The unintended pregnancy rate in the United States continues to be high. The most recent national study estimates that almost 60 percent of all pregnancies in the U.S. are unintended, according to the Institute of Medicine's study, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. More than half of America's 6.3 million annual pregnancies are unintended, and half of the unintended pregnancies end in abortion. The national Healthy People 2010 goal for unintended pregnancy is to reduce the rate to 30 percent.

Unintended pregnancy is defined as wanting to be pregnant later, not wanting to be pregnant then or not wanting to be pregnant at any time in the future. Unintended pregnancies occur mostly among two groups: 1) couples using reversible contraception that fails or is used improperly, and 2) couples using no contraception who are not planning a pregnancy.

Nationally, the unintended pregnancy rates are highest among:

- women with an annual household income below 200 percent of federal poverty level
- unmarried women
- Black and Hispanic women
- women aged 15 to 24

In Michigan in 2001, the unintended pregnancy rates were highest for:

- women with an annual household income of \$10,000 or less
- women who are not married
- Black women
- teens, under 18 years of age, who have the highest percentage of unintended pregnancies (87.3 percent)
- women between 20 to 29 years of age, who have the greatest number of unintended pregnancies (15,097)
- women with less than a high school diploma/GED (64.3 percent)
- women with no insurance
- women on Medicaid
- women who were not using a contraceptive method (45.4 percent)

The Michigan Department of Community Health's Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of maternal experiences and behaviors before and during a woman's pregnancy and during the early infancy of her child. PRAMS data for the year 2001 shows that 40.6 percent of pregnancies were unintended, of that percentage, 73.3 percent were mistimed and 26.7 percent were unwanted. In addition to this data, to arrive at the true percentage of unintended pregnancies we must include the 27,208 reported abortions to Michigan residents in 2001.

When analyzed by source of payment in Michigan, achieving the national Health People 2010 goal of a 30 percent unintended pregnancy rate was nearly met in 2001 for some

women. For women with private insurance, 30.7 percent had unintended pregnancies. For women who were uninsured, 58.3 percent had unintended pregnancies. Among women who received Medicaid during their pregnancy, 67.5 percent had unintended pregnancies.

The Reasons for Unintended Pregnancies

The lack of use of contraceptives and/or the lack of knowledge about the proper use of contraceptives are the major reasons for unintended pregnancies. Women who want only two children will spend roughly three decades trying to avoid pregnancy. The Alan Guttmacher Institute (AGI) noted in *Fulfilling the Promise* (2000) that seven in 10 U.S. women aged 15 to 44 - 42 million women - are at risk of unintended pregnancy. Most women, 93 percent, use contraception. However, seven percent of the women at risk of an unintended pregnancy use no method of contraception and account for nearly half of all unintended pregnancies.

Regarding the education efforts on sexuality for men and women, 86 percent of the nation's schools promote abstinence. Some 40 percent of sex education teachers do not cover how contraceptive methods work. Those women and men are not informed about how to avoid an unintended pregnancy.

Consequences of Unintended Pregnancies

There are many consequences of unintended pregnancies. According to *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, there are five consequences that explain the nature and extent of the problem.

First, unintended pregnancies increase health and economic risks for children, women, men and families. The mother is less likely to obtain prenatal care in the first trimester and to continue to use tobacco and alcohol. The child is at greater risk of weighing less than 2,500 grams at birth, of dying in its first year, of being abused and is also at risk of not receiving enough resources of healthy development. Infants whose conception was unintended experience more risks that threaten survival and thriving in the first year of life. Many children born to a high-risk mother eventually lead to increased economic and social costs in education, special education, child welfare and juvenile justice systems. Additionally, both the mother and father may suffer economic hardship and fail to achieve their educational and career goals.

Second, a disproportionate share of women with unintended pregnancies are unmarried and/or at either end of the reproductive age span. This demographic information demonstrates increased medical and social burdens for the children and their parents.

Third, unintended pregnancies do not include preconception risk identification and management, which increases medical problems for the mother and fetus. Certain diseases and conditions can be managed if care is begun before conception. In addition, consequences of unintended pregnancies include maternal risks as well, such as ectopic pregnancies, medical problems complicating pregnancies and an increased risk of domestic violence.

Fourth, unintended pregnancy leads to abortions. The ratio of abortion to births in the United States - one abortion to every three live births - is two to four times higher than that in many other Western democracies. Abortion is a failure to prevent an unwanted pregnancy; therefore, contraception reduces the number of abortions.

Fifth, a reduction of unintended pregnancies would have a dramatic impact on the well-being of future generations by reducing the cost for society of unintended childbearing, particularly among teenagers.

Benefits of Intended Pregnancies

According to the Michigan Department of Community Health, if all pregnancies were intended:

- teen pregnancies would be reduced by 79 percent. In Michigan in 2001, 13,438 teens, 10 to 19 years, gave birth
- pregnancies for unmarried women would be reduced by 30 percent. According to the 2001 Michigan PRAMS data, of the 41 percent unintended pregnancies in 2001, approximately 69.6 percent were to women who were unmarried, and for those obtaining abortions, 84.2 percent were unmarried
- abortion would almost be eliminated entirely. In 2004, the rate of abortion was 12.8, with 26,269 Michigan residents having an abortion. The rate is the number of reported induced abortions occurring in Michigan per 1,000 Michigan women aged 15-44
- Medicaid would save more than \$100 million per year if unintended pregnancy rates were reduced. In 2002, 32 percent of all Michigan births were paid for by Medicaid. The cost of each birth (prenatal care, delivery and first year child care) to Medicaid is approximately \$11,000. If the unintended pregnancy rate in the Medicaid population decreased by just 10 percent, Michigan would save over \$27 million in Medicaid expenditures was reduced. (42,000 Medicaid births X .60 unintended pregnancy rate X 10% = 2,520 births avoided X \$11,000 = \$27,200,000)
- significant reductions in infant mortality, child abuse and neglect and welfare dependence would be seen.

Possible Solutions for Reducing Unintended Pregnancies

By providing more access to family planning methods and comprehensive sexuality education, we can assure that every child is a wanted child.

By increasing the rate of contraceptive use, the number of unintended pregnancies in the United States can potentially be decreased from three million to 1.6 million (AGI, 2000). The most obvious factor contributing to the nation's high level of unintended pregnancy is the failure to use contraceptive methods carefully and consistently, if at all, as well as the technical failures of the methods themselves.

Title X, America's family planning program enacted by Congress in 1970, provides low-income females with contraception, counseling, and other services that prevent 386,000 unintended pregnancies, 155,000 teenage births and 183,000 abortions annually. However, there is not enough funding at the state or federal level to meet the need for

family planning services. Taking inflation into account, the federal Title X funding level in 1999 was 60 percent lower than it was in 1979.

Some states have expanded coverage of family planning services to women who are not currently eligible for Medicaid. States may apply for Section 1115 waivers to extend coverage of family planning services. To date, 16 states have approved Section 1115 family planning waivers.

Additionally, some health insurance programs that provide prescription coverage pay for contraceptive services. To date, 21 states have enacted contraceptive equity laws requiring insurance companies to provide contraceptives if they provide other prescription coverage. Michigan is not one of those states requiring contraceptive coverage. The added cost for employers to provide coverage for the full range of reversible contraceptives is approximately \$1.43 per employee, per month.

Access to emergency contraception (EC) is another family planning method that would help reduce unintended pregnancy. If used properly, this form of contraception decreases an unintended pregnancy by 65%. Emergency contraception pills contain a concentrated dose of the same hormones found in ordinary birth control pills. When taken within 72 hours after unprotected intercourse, EC can prevent a pregnancy from occurring. Five states have allowed pharmacies to provide EC without prescriptions. On May 6, 2004, the Food and Drug Administration (FDA) refused to allow consumers to purchase Plan B emergency contraceptive pills without a prescription. More than 30 percent of women are unaware that EC exists according to the Kaiser Family Foundation Survey in 2003.

Comprehensive sexuality education is another component of reducing unintended pregnancy. The Michigan State Board of Education recommends that school boards support their school administrators and faculty to select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction.

Recommendations for Reducing Unintended Pregnancies

The Institute of Medicine's study, *The Best Intentions: Unintended Pregnancy and the Well-Being of children and Families*, recommends the following:

1. improve knowledge about contraception and reproductive health;
2. increase access to contraception;
3. explicitly address the major roles that feelings, attitudes, and motivation play in using contraception and avoiding unintended pregnancy;
4. develop and scrupulously evaluate a variety of local programs to reduce unintended pregnancy; and
5. stimulate research to (a) develop new contraceptive methods for both women and men, (b) answer important questions about how best to organize contraceptive services, and (c) understand more fully the determinants and antecedents of unintended pregnancy.

Michigan's Blueprint for Preventing Unintended Pregnancies is:

1. Increase public knowledge and skills related to avoiding an unintended pregnancy.
 - a. Develop public awareness and education campaign that supports the outcome of "Every Pregnancy is an Intended Pregnancy."
 - b. Expand age-appropriate abstinence based prevention and risk reduction education programs for adolescents and parents in schools and communities.
2. Expand and improve coverage for family planning.
 - a. Assure all men and women have access to family planning services. This could be accomplished by expanding Medicaid eligibility for family planning services to women without insurance coverage whose family income is at or below 185 percent of poverty. Submit Medicaid 1115a waiver to the federal government in October 2004 to expand Medicaid coverage.
 - b. Ensure that all women and men have ready access to the full range of contraceptive options, including all injectable/hormonal contraceptives to increase the likelihood that each sexually active man or woman who does not choose to become pregnant has an available contraceptive method that is most convenient and which she/he is willing to use.
3. Challenge and engage Michigan's health care community in a statewide effort to reduce Michigan's unintended pregnancy rate.
 - a. Encourage all Medicaid health plans and providers to include discussion about women's/partner's intentions to become pregnant at every visit.
 - b. Train and encourage all health care providers and professionals, hospitals, local health departments, medical clinics and shelters to advise the women and men of child-bearing age they serve of accessible family planning providers and options.
 - c. Target health professional education programs to better teach incoming practitioners how to more effectively assist women to avoid unintended pregnancy.

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